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25889 7590 01/07/2004

WILLIAM COLLARD  
COLLARD & ROE, P.C.  
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<b>JOSEPH J. PREVITO</b>	(Depositor's name)
	(Signature)
March 8, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/444,261	11/22/1999	DANIEL JACOFF		8417

TITLE OF INVENTION: VIAL AND METHOD OF MAKING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VERBITSKY, GAIL KAPLAN	2859	033-379000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **JOSEPH J. PREVITO**
2. \_\_\_\_\_
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Great Neck Saw Manufacturers, Inc.

Mineola, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

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(Authorized Signature)

**JOSEPH J. PREVITO** (Date) 3/8/04

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03/10/2004 SFELEKE2 00000118 09444261

01 FC:1501  
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